



PATENT  
ATTY. DOCKET NO. L-F/168DV3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Neer et al. Art Unit: 373  
Serial No. : 09/437,410 Examiner: S. Kennedy  
Filed : November 10, 1999  
For : MEDICAL FLUID INJECTOR HAVING FACE PLATE WITH MAGNETIC CONDUCTORS

Assistant Commissioner of Patents  
BOX: RESPONSE FEE  
Washington, DC 20231

RECEIVED  
JUN 27 2000  
T 3700 MAIL ROOM

AMENDMENT TRANSMITTAL

1. X Transmitted herewith is a Response to Office Action for this application.
2.      Small Entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- Enclosed is a verified statement to establish Small Entity status
- X Other than a Small Entity
3. The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	6	MINUS	20	0	x \$9	\$0	x \$18	\$0
INDEP.	1	MINUS	3	0	x \$39	\$0	x \$78	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$130	\$0	+ \$260	\$0
TOTALS					TOTAL FEE	\$0	TOTAL FEE	\$0

     Additional fee for claims is required.

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110.00 OP

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid in an envelope addressed to: Assistant Commissioner of Patents, Box: Response FEE, Washington, D.C. 20231 on: June 15, 2000

Thomas W. Humphrey  
Reg. No. 34,353

4. XX Attached is a check in the sum of \$ 110.00 . Please charge my Deposit Account No. 23-3000 in the amount of \$ \_\_\_\_\_.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

(a) XX Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<u>X</u> one month	\$ 110.00	\$ 55.00
_____ two months	\$ 380.00	\$190.00
_____ three months	\$ 870.00	\$435.00
_____ four months	\$1,360.00	\$680.00
_____ five months	\$1,850.00	\$925.00
Extension fee due with this request \$ <u>110.00</u> .		

If an additional extension of time is required, please consider this a petition therefor.  
(Check and complete the next item, if applicable)

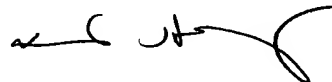
\_\_\_\_\_ An extension for \_\_\_\_\_ months has already been secured and the fee paid thereof of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$ \_\_\_\_\_.

OR

(b) \_\_\_\_\_ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

X If any additional fee for claims or extension of time is required, charge Account No. 23-3000.

Respectfully submitted,



Thomas W. Humphrey  
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